

## HOMOSEXUALITY

A REPORT BY THE COMMITTEE ON PUBLIC HEALTH\*

THE NEW YORK ACADEMY OF MEDICINE

As a form of biologic behavior, homosexuality has a long history. Its practice has been recorded in many human cultures through the ages from the most primitive or ancient down to the present time.

The attention of the Committee on Public Health was directed toward the practice of homosexuality because of its pertinent association with two other public health problems under study: salacious literature and venereal disease. In the course of a perusal of salacious literature, the Committee found that a substantial portion of it contained parts that were homosexual in character. Similarly, in its deliberations on the resurgence of venereal disease, the Committee had found that homosexuality appeared to be playing a larger role in transmitting the disease than previously.

As a substantial source of transmission of venereal disease, homosexuality takes on especial significance. Since there are few permanent or long-term unions among homosexuals, it may be concluded that promiscuity is proportionately higher among them than among the heterosexual population. Furthermore, combatting spread of venereal disease among homosexuals is a special and much more difficult problem for the health authorities.

Homosexuality has long been regarded as a problem for members of the same sex who are regularly or exclusively together for prolonged periods. Its occurrence in schools, isolated military posts, and prisons is well known.

There is, however, an impression that at the present time the practice of homosexuality is increasing among the population at large. By the very nature of this condition, the data on its prevalence are often inaccurate and misleading. It is exceedingly difficult to take a census of homosexuals, as many go their unobtrusive ways and would be missed in the count. The aggressive homosexual, so familiar to society, may be only a small proportion of the total homosexual population. The figures most frequently cited are those published by Kinsey in 1948 and 1953, which state that 60 per cent of the males interviewed admitted some form of homosexual activity by the age of 45, and 28 per cent of the females revealed some form of homosexual activity.

Certainly if there is not more homosexuality than in the past, it appears to be more open and obtrusive. More plays and books are having homosexual characters; and more homosexuals seem to have taken to writing autobiographies. Furthermore, the homosexuals seem to have become more formally organized, with a central office and a magazine of their own. These developments stand out in sharp contrast with the situation which existed in New York City thirty years ago when the subject was less frequently and less openly presented and its votaries rallied once a year to hold their well-known Fairy Ball. It is not easy to decide whether the homosexuals have actually become more aggressive in a fight for recognition, or whether they are merely more tolerated and accepted, or perhaps less oppressed, which would lend an appearance of increased activity.

There are sufficient signs to indicate that the homosexuals are out to achieve

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one of two goals: at the least, they are more determined to be accepted—not just tolerated. They mean to be accepted not as lawbreakers, sinners, or even as sick people, but as a different kind of people leading an acceptable way of life.

Their second goal goes beyond this plane. They would have it believed that homosexuality is not just an acceptable way of life; but, rather, a desirable, noble, preferable way of life. For one thing, they claim that it is the perfect answer to the problem of the population explosion. For another, they point to homosexuality during the Golden Age of Greece as if it should be credited with the pre-eminence of this period. This is a fallacious argument that is contrary to fact. Furthermore, it should not be forgotten that homosexuality does occur in many species of animals. No species studied fully has failed to show some evidence of homosexual behavior. These observations thoroughly demolish the argument that homosexuality is a sign of cultural advance.

As to whether society is more tolerant, it is probably nearer the truth to say that society is uncertain and confused about what its attitude toward homosexuality should be and what it should do. At one time society registered disgust, ridicule or pity toward homosexuality. But changing mores and moral values may have altered attitudes, or at least weakened former feelings. There are conflicting pulls; yet homosexuality is far from receiving approbation, or even acceptance. Generally it is placed on a much lower plane than heterosexual promiscuity.

In the past, homosexual practices were regarded as sinful and were unlawful. Much of this attitude remains today. Yet these practices are conducted in private. So, as long as unwelcome overtures are not made, and children are not induced or forced into unnatural acts, society has seemed to prefer to ignore homosexuality. Perhaps this attitude stems from the popular notion that many of these people are really not lawbreakers, or deliberate sinners, but that they are queer. This idea connotes that they are not responsible for their plight; rather, they are unfortunate victims of some derangement, perhaps in their glands. So long as they do not become offensive, by open exhibitions, society is loathe to interfere with or proceed against them. It is quite content to have them live partly in their own world and partly in society's. Thus society looks upon homosexuality with mingled feelings: punitively, disapprovingly, contemptuously, repugnantly, bewilderedly, and sometimes amusedly. Society does not approve of it, nor condone it; on the other hand, as if by preference, it has not really confronted it.

The present state of the laws reflects society's attitude on the problem of homosexuality. In New York there is no law on the books which specifically defines and prohibits homosexuality. But individuals may be apprehended because of some specific act which is defined as being unnatural or perverted. Most arrests for homosexual behavior fall under Section 722, Subdivision 8, of the Penal Law, whereby a person may be arrested for disorderly conduct if he "frequents or loiters about any public place soliciting men for the purpose of committing a crime against nature or other lewdness." More serious as a crime against nature is the offense of use or threat of force with attempt to commit sodomy which is punishable as a felony under Section 690 of the Penal Code. Regarding children, a person may be arrested under Section 484 of the Penal Law for either willfully causing or permitting a child to be placed in such a situation that its morals are "likely to be impaired," or for carnally abusing the body or sexual organs of a child under 16 years of age, or indulging in any indecent or immoral practices toward him.

Perhaps because the homosexuals seem to have become more obtrusive, recently some organized groups in society, mainly religious, have courageously faced the question of what society's position toward homosexuality should be, and what

should be done? Most widely publicized has been the Wolfenden Report. In essence, these were its conclusions: if homosexuals conduct their activities in private, they should not be molested. But if they make improper advances to others, especially children, they should be subjected to police and legal action.

The Committee on Public Health believes that of all groups, the medical profession should state clearly its position. It should declare what homosexuality is and what can be done about it. Yet relatively little has been published about it in medical and health journals. There have been still fewer authoritative statements of position.

In its report on the subject, the Group for the Advancement of Psychiatry defines homosexuality as abnormal personality development with persistent emotional and physical attraction to members of the same sex. In contradistinction, homosexual behavior is a broad term, the significance of which depends upon attendant situations. Homosexual behavior need not be pathognomic of homosexuality. With prolonged separation from the opposite sex, under influence of alcohol, or in the search for a thrill, a single homosexual act may occur. This should not be considered homosexuality. Without the elements of preference and persistence, the homosexual act is not homosexuality. But when homosexual behavior persists, it indicates homosexuality.

Homosexuality is indeed an illness, the contrary conviction and protestations of the confirmed homosexual notwithstanding. He argues that he is misunderstood in his pursuit of a different way of life. But homosexuality fulfills all the requirements to place it in the category of illness. In a strict sense it is a symptom of illness.

Michael J. Murphy, Police Commissioner of New York City, has been quoted as stating: "Homosexuality is another one of the many problems confronting law enforcement in this city. However, the underlying factors in homosexuality are not criminal but rather medical and sociological in nature."

There are many gradations of homosexuality. The bisexual engages in both hetero- and homosexual activity. In the exclusively homosexual there are dominant and latent types. Furthermore, homosexuality occurs with varying degrees of intensity, from the confirmed inveterate to the more lightly affected.

As for its psychopathology, arrest in psychosexual development leads to homosexuality. The homosexual is an emotionally immature individual who has not acquired a normal capacity to develop satisfying heterosexual relationships. Consequently, overt homosexuality may be an expression of fear of the opposite sex and of inability to accept adult responsibility, such as marriage and parenthood. Thus, homosexuality is a substitute for heterosexuality which seems to carry a threat by appearing to be more dangerous and difficult to attain. In the avoidance of this threat, homosexuality seems the easiest way out.

The causation of homosexuality is not easily demonstrable by the scientific approach. Most authorities believe that many factors may conduce to the arrested development leading to homosexuality. One of the early views was that homosexuality was a constitutional phenomenon. In the modern pluralistic view on etiology, heredity would surely be considered for whatever part it plays. But at present there is no clear-cut and definite evidence on the point. There is more information about environmental factors. An economic motive may sometimes contribute to leading some persons into a homosexual relationship. Society may also be regarded as an influence insofar as it may help or hinder the inculcation of knowledge and normal habits of sex in its members.

But it is the family that is believed to exert most influence that will determine

whether normal or arrested psychosexual development will occur. Parental personalities, attitudes and behavior are especially important: neglect, rejection, over-protection, over-indulgence, these are the disturbing influences. It has been pointed out that homosexuality is frequently associated with a fatherless home or its equivalent, an absent or neglectful father, or a dominant mother with a weak, ineffectual mate. Of course, other psychopathology in the family in one or the other parent or in the child is also recognized to be a factor.

Thus as the understanding of the various psychological causal factors of homosexuality has increased, it appears more and more evident that the disposition toward deviant sexual behavior is actually formulated very early in a child's life, and that the child's relationship with his parents is very significant.

Starting early in life, perhaps earlier than is usually assumed, homosexuality has a course that varies with the individual. In some persons, homosexual behavior may occur for a short period with long intervals before resumption, or may be abandoned and never resumed. Others persist in homosexuality throughout life.

Accurate diagnosis of homosexuality may be difficult unless there is admission or incontrovertible evidence. It should be noted that mannerisms and characteristics of a person do not *per se* warrant a diagnosis of homosexuality.

There is a common misconception that homosexuality cannot be successfully treated. This misbelief should be promptly corrected. Although treatment is difficult and prognosis is guarded, it can be successful and of value. Its effectiveness will depend on the degree of intensity and the depth of entrenchment of the perversion in the pattern of the individual's behavior, as well as on the strength of the patient's desire to modify it. Some homosexuals frankly state that they enjoy their way of life, have no desire to change it, and would resist treatment. Others, burdened by feelings of insecurity, anxiety or shame and guilt, are troubled to the point of wanting and accepting treatment. The earlier the treatment is started and the less intense the condition, the more successful the treatment. Psychotherapy offers the greatest probability of benefit. There is little valid evidence that other treatment is effective.

From a study of 106 homosexuals, Bieber and nine associates reported that under psychoanalytic treatment 27 per cent of them achieved a heterosexual orientation. In comparing these results with those reported by others, the authors state that this "27 per cent rate . . . argues in favor of a more optimistic outlook than is held by [others]."

As with other diseases, it is easier and more effective to prevent homosexuality than to treat it. Here early treatment becomes prevention. It should be emphasized that the earlier the treatment, the better. At least it should take place in early adolescence; indeed, some physicians would recommend medical help even earlier. The observation that schools vary in their incidence of homosexuality with the highest figure occurring in those with the most oppressive regulations would seem to offer a guideline to a course of social action. For, not infrequently an oppressive atmosphere is associated with a complete lack of provision for education and guidance about normal sex and its development. Reliance is placed entirely upon rigid prohibitory rules.

There is a widespread need and desire for proper and authoritative sex education. But here the reaction of society manifests an interesting ambivalence. Whereas America seems to have a preoccupation with sex as a symbol, examination of this preoccupation reveals a superficial, immature and artificial attitude toward sex. However, when attempts are made to have society become more mature concerning this subject, and capable of placing it in its proper perspective, there arises a

surprising resistance. The argument most commonly advanced is that sex education belongs in the home. But if the home is not providing that education, where will it be given?

#### CONCLUSIONS

1. The Committee on Public Health believes that it, as a medical body, should state clearly its position on homosexuality.
2. Homosexuality is an illness.
3. It should be emphasized that some cases of homosexuality may be treated with improvement and success.
4. Prevention of homosexuality is the easier and the more effective course of action.
5. The subject of sex education in this country should be examined realistically.

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